

A Medicare beneficiary has 63 days to enroll in a Medigap plan when losing their current coverage.

(See chart on reverse side.)

If you have an employee group health plan or an employer's retiree plan and Medicare, and the plan ends or reduces its benefits significantly, your 63-day window of protection begins the day your coverage stops.

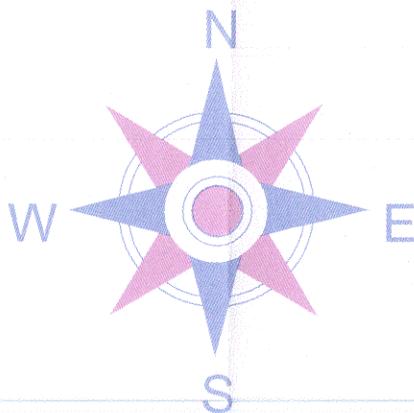
If you have a Medicare+ Choice Plan (ex: Medicare HMO) and they end the plan or change the service area, you may choose to have your 63 day window start the day your coverage ends or when you are officially notified that the plan is ending (official notification will come about 90 days prior to termination)-usually at the beginning of October.

If you have a Medicare Cost HMO or Medicare Select Plan and you move

from the service area or they end the plan, your 63-day window begins the day your coverage ends.

During the 63 day window of protection, you are guaranteed to get a Medigap policy; companies cannot turn you down, delay processing the application, charge you more, or put pre-existing limits on your policy. If you do not act within 63 days, this guarantee goes away.

IMPORTANT: The 63 day window does **NOT** extend your health coverage that is ending. Don't risk having out-of-pocket expense during the 63 day window. Shop around for a new Medigap policy. Apply for it early enough so you don't have a gap in coverage. Ask that the new policy becomes effective the day your old coverage stops.



Another Important Right

Your Medigap open enrollment period: A one-time only, six-month period after you enroll in Medicare Part B, and are age 65 or older*, when you can buy any Medigap policy you want. You cannot be denied coverage or charged more because of your past or present health problems or claims history.

During open enrollment, the insurance company may impose up to a six-month wait on pre-existing conditions if you do not have prior health coverage.

Persons on Medicare, due to disability, will be eligible for their Medigap open enrollment period upon turning age 65.

NOTE: If you have health coverage through an employer or union based on your own or your spouse's current employment, you may wish to delay enrolling in Medicare Part B.

Medigap Rights & Protections

For Medicare Beneficiaries



When Other Health Insurance Ends or Is Lost

Questions or Need Assistance?

Please call the State's Senior Health Insurance Information Program (SHIIP) at 1 (800) 452-4800 or local in Indianapolis at (317) 233-3475.

Website: www.state.in.us/idoi/shiip

Call the **Senior Health Insurance Information Program** of the **Indiana Department of Insurance**

The chart explains your guarantees should your present health coverage end.

The Medicare Supplement (Medigap) Guarantee Issue does not apply if an individual's health care provider (doctor, hospital, etc.) cancels their contract with the plan, and the plan continues to exist. Examples of Medicare+Choice plans are: Medicare HMO's and Private Fee for Service plans.

Persons under age 65 with Medicare due to a disability: The following protections apply only with companies that presently sell Medigap policies to individuals under age 65.



Medigap Protection in Indiana
When Other Health Insurance Ends or Is Lost

You are eligible if:	And:	You are guaranteed the issue of:
1. You have an employee group health plan or retiree health plan and Medicare. The plan ends or the plan reduces benefits significantly.	You continue with Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap Plans A, B, C or F from any company.
2. You are enrolled in a Medicare+Choice Plan and <i>they</i> end the plan or the service area changes.	You return to Original Medicare and apply for a Medigap policy within 63 days. You may choose to have your 63 day window start the day your coverage ends <i>or</i> when you are officially notified that the plan is ending (notice will come about 90 days before plan ends).	Medigap Plans A, B, C or F from any company.
3. You are enrolled in a Medicare+Choice Plan, Medicare Cost HMO or Medicare Select. <i>You</i> move away from the service area.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap Plans A, B, C or F from any company.
4. You are enrolled in a Medicare Cost HMO or Medicare Select and <i>they</i> end the plan or the service area changes.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends.	Medigap Plans A, B, C or F from any company.
5. You have a Medigap policy and cancel it to enroll in a Medicare+Choice Plan, a Medicare Cost HMO, or Medicare Select. <i>You</i> disenroll within 12 months of first canceling your Medigap. (You may enroll/disenroll in more than one plan within this 12 month period).	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends. To disenroll from the plan, you must fill out a disenrollment form.	The same Medigap Plan you had previously, if it is still being sold, or Medigap Plans A, B, C or F.
6. You first enroll in Medicare Part B (must have Part A also) and enroll in a Medicare+Choice Plan. <i>You</i> then disenroll from the plan within the first 12 months and return to Original Medicare.	You return to Original Medicare and apply for a Medigap policy within 63 days. Your 63-day window begins the day your coverage ends. To disenroll from the plan, you must fill out a disenrollment form.	Any Medigap Plan A-J offered from any company.